submit that the amendments included herein carry out such correction, and, therefore, applicants respectfully request that the objection to the specification be withdrawn.

The Office Action also includes objections to claims 6, 11, and 19 due to informalities. It has been requested that the term "anithperglycemic" included in claims 6 and 11 be replaced with the term "antihyperglycemic," and with regard to claim 19, it has been requested that the term "anticholonergic" be replaced with the term "anticholinergic." Applicants respectfully note the claims, as amended, reflect such corrections, and applicants respectfully request that the objection to claims 6, 11, and 19 be withdrawn.

35 U.S.C. § 112 Rejections

Claims 1 through 25 are rejected in the Office Action as indefinite under 35 U.S.C. § 112 ("Section 112"). It is asserted in the Office Action that claims 1 through 25 fail to particularly point out and distinctly claim the subject matter which applicant regards as the invention. In particular, it is stated in the Office Action that the phrase "adapted to swell in the stomach to facilitate retention of the dosage form in the stomach over a prolonged period of time" renders the claims indefinite because the phrase "appears to define the particular problem that the invention is attempting to solve but it is uncertain how the first layer is to be adapted other than by containing the swellable, water soluble polymer." (*Office Action,* p. 2 – p. 3). However, Applicants respectfully note that this phrase is no longer recited in any of the pending claims, and Applicants respectfully submit that each of claims 1 through 25 particularly points out and distinctly claims subject matter which applicants regard as their invention. Therefore, Applicants respectfully request that the rejection of claims 1 through 25 under Section 112 be withdrawn.

Claim 4 is separately rejected as indefinite under Section 112. It is asserted in the Office Action that the word "and" on line 7 of the claim appears to be misplaced and that use of the trademark term "Amberlite" renders the claim indefininte. As it is amended however, claim 4 no longer includes the term "Amberlite," and the potentially confusing occurrence of "and" on line 7 of the claim has been eliminated. Thus, Applicants respectfully request that the rejection of claim 4 under Section 112 be withdrawn.

Finally, claim 7 is also separately rejected as indefinite under Section 112. In particular, it is asserted that the phrase "weight percent of the hydroattractant of the second layer is 0 to 60 percent" renders the claim indefinite. Applicants note with appreciation the Examiner's suggestion to substitute such phrase with "not more than 60 weight percent" or with "up to 60 weight percent, inclusive." As it is amended, claim 4 not longer utilizes the range "0 to 60 percent. Instead, claim 4, as amended, incorporates the suggested phrase "up to 60 weight percent, inclusive." Therefore, Applicants respectfully request that the rejection of claim 7 under Section 112 be withdrawn.

35 U.S.C. § 103(a) Obviousness Rejections

Each of pending claims 1 through 25 stands rejected under 35 U.S.C. § 103(a) ("Section 103") as being unpatentable over Wong et al. (U.S. Patent 5,534,263) in view of Breitenbach et al. (U.S. Patent 6,120,802). A rejection under Section 103(a), however, is improper and will be overturned unless a *prima facie* case of obviousness is established against the rejected claims. *See, In re Rijckaert*, 9 F.3d 1531, 1532, 28 U.S.P.Q.2d 1955, 1956 (Fed. Cir. 1993). In this case, Applicants respectfully submit that the combined teachings of Wong et al. and Breitenbach et al. do not properly establish the *prima facie* obviousness of any of the pending claims. Therefore, Applicants respectfully request that the rejection of claims 1 through 25 under Section 103 be withdrawn.

As is set forth in M.P.E.P. 706.02(j), a *prima facie* case of obviousness under Section 103 can not be established unless three criteria are met:

> First, there must be some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art, to modify the reference or combine reference teachings. Second, there must be a reasonable expectation of success. Finally, the prior art reference (or references when combined) must teach or suggest all the claim limitations. The teaching or suggestion to make the claimed combination and the reasonable expectation of success must both be found in the prior art, and not based on applicant's disclosure. *In re Vaeck*, 947 F.2d 488, 20 USPQ2d 1438 (Fed. Cir. 1991).

Applicants respectfully submit that the combined teachings of Wong et al. and Breitenbach et al. do not teach or suggest all the claim limitations of any one of claims 1 through 25, and as a result, Applicants further submit the combination of Wong et al. and Breitenbach et al. can not establish the *prima facie* obviousness of any one of claims 1 through 25.

I. The combined teachings of Wong et al. and Breitenbach et al. do not teach or suggest each of the limitations of any of claims 1 through 14 or 18 through 25

Claims 1 through 14 and 18 through 25 are directed to various active agent dosage forms. Amended claim 1 is an independent claim reciting:

> [a]n active agent dosage form comprising: a first layer comprising an amount of swellable polymer sufficient to swell said first layer to a first length, said first length being sufficient to facilitate retention of said active agent dosage form within a stomach of a subject; a second layer laminated with the first layer at a common surface, said second layer comprising a therapeutic amount of an active agent and being formulated to limit expansion of said second layer to a length less than said first length; and at least one band of insoluble material circumscribing and binding together the first layer and the second layer.

Because they depend from claim 1, either directly or indirectly, each of claims 2 through 14 and 18 through 25 also incorporate each of the limitations recited in claim 1. Therefore, in order to establish the *prima facie* obviousness of claims 1 through 14 and 18 through 25, a reference or combination of references must at least teach or suggest each of the limitations recited in claim 1.

Though Wong et al. teaches a dosage form designed for gastric retention, the reference does not teach or suggest a dosage form having each of the limitations recited in claim 1. Specifically, Applicants respectfully note that Wong et al. does not teach or suggest a dosage from having first and second layers. As a consequence, the teachings of Wong et al. do not even contemplate creation of a dosage form having a first layer or second layer characterized by the limitations recited in claim 1. Therefore, if considered alone, the teachings of Wong et al. can not establish the *prima facie* obviousness of claim 1.

It is asserted in the Office Action that combining the teachings of Wong et al. with the teachings of Breitenbach et al. cures the shortcomings of Wong et al. and establishes the *prima facie* obviousness of the rejected claims. However, Breitenbach et al. also fails to teach or

suggest the limitations which define the first and second layers recited in claim 1. First, Breienbach et al. does not teach or suggest a multi-layered dosage form having a first layer comprising an amount swellable polymer sufficient to swell the first layer to a first length sufficient to retain the dosage form within a stomach of the subject. Second, Breitenbach et al. does not teach or suggest a dosage form including a second layer having a composition specifically formulated to swell to a length less than a first length of the first layer. Therefore, Applicants respecfully submit that the teachings of Breitenbach et al. do not combine with the teachings of Wong et al. to teach or suggest each of the limitations recited in claim 1.

Because the combined teachings of Wong et al. and Breitenbach et al. fail to teach or suggest each of the limitations recited in claim 1, Applicants respectfully request that the combination of Wong et al. and Breitenbach et al. can not establish the *prima facie* obviousness of claim 1. Therefore, Applicants respectfully request that the rejection of claim 1 under Section 103 be withdrawn.

Applicants further request that the rejection of claims 2 through 14 and claims 18 through 25 under Section 103 be withdrawn. As already noted, each of these claims depends from claim 1 and incorporates each of the limitations recited in claim 1. Because the combined teachings of Wong et al. and Breitenbach et al. do not teach or suggest each of the limitations recited in claim 1, Applicants respectfully submit that the combination of references can not teach or suggest each of the limitations recited in any of claims 2 through 14 or claims 18 through 25. Thus, Applicants further submit that the combined teachings of Wong et al. and Breitenbach et al. do not establish the *prima facie* obviousness of any of claims 2 through 14 or claims 18 through 25, and Applicants respectfully request that the rejection of these claims under Section 103 be withdrawn.

II. <u>The combined teachings of Wong et al. and Breitenbach et al. do not teach or suggest each of the limitations of any of claims 15 through 17</u>

Claims 15 through 17 recite methods of treating a subject with an active agent. Claim 15 is an independent claim reciting:

[a] method of treating a subject in need thereof with an active agent, the method

comprising: administering to the subject a multilayered dosage form which is retained in a stomach of the subject over a prolonged period of time, the dosage form comprising a first layer comprising an amount of swellable polymer sufficient to swell said first layer to a first length, said first length being sufficient to facilitate retention of said active agent dosage form within a stomach of a subject, and a second layer laminated with the first layer at a common surface, said second layer comprising a therapeutic amount of an active agent and being formulated to limit expansion of said second layer to a length less than said first length.

Claims 16 and 17 depend from claim 15 and, as a result, also incorporate each of the limitations recited in claim 15. Thus, a combination of references can not establish the *prima facie* obviousness of any of claims 15 through 17, unless that combination teaches or suggests a method requiring the administration of a dosage form having all the limitations recited in claim 15.

Significantly, the method of claim 15 requires administration of a dosage form having limitations not taught or suggested by the combined teachings of Wong et al. and Breitenbach et al. The dosage form administered in the method of claim 15 includes first and second layers characterized by the same limitations that define the first and second layers recited in claim 1. As already discussed with regard to claim 1, the combined teachings of Wong et al. and Breitenbach et al. do not teach or suggest a multi-layered dosage form having a first layer "comprising a first layer comprising an amount of swellable polymer sufficient to swell said first layer to a first length, said first length being sufficient to facilitate retention of said active agent dosage form within a stomach of a subject." Similarly, the combined teachings of Wong et al. and Breitenbach et al. do not teach or suggest a multi-layered dosage from having a second layer "laminated with the first layer at a common surface, said second layer comprising a therapeutic amount of an active agent and being formulated to limit expansion of said second layer to a length less than said first length." Therefore, Applicants respectfully submit that the combination of Wong et al. and Breitenbach et al. does not teach or suggest each of the limitations recited in any of claims 15 through 17. As a consequence, Applicants further submit that the combination of Wong et al. and Breitenbach et al. can not establish the *prima facie* obviousness of claims 15 through 17, and Applicants respectfully request that the rejection of claims 15 through 17 under Section 103 be withdrawn.

Double Patenting

Claims 1 through 25 are rejected under the judicially created doctrine of obviousness-type double patenting as being unpatentable over claims 1 through 12 of U.S. Patent 6,120,803 to Wong et al. ("the '803 Patent") in view of Breitenbach et al. However, such a rejection is appropriate only where the claims of a second patent are not patentably distinct over the claims of a first patent, which shares common ownership or inventorship. *See, M.P.E.P. § 804.* "A double patenting rejection of the obviousness type is 'analogous to a [failure to meet] the nonobviousness requirement of 35 U.S.C. 103,' except that the patent principally underlying the double patenting rejection is not considered prior art." *M.P.E.P. § 804* (citing *In re Braithwaite*, 379 F.2d 594, 154 USPQ 29 (CCPA 1967). Therefore, the analysis employed in determining the propriety of an obviousness-type double patenting rejection should parallel the analysis used to determine the propriety of an obviousness rejection under Section 103.

In this instance, Applicants respectfully submit that the non-statutory double patenting rejection of claims 1 through 25 is improper, particularly in light of the claim amendments made herein. Specifically, Applicants submit that the subject matter recited in the pending claims is not rendered even *prima facie* obviousness by the subject matter recited in claims 1 through 12 of the '803 patent when viewed in light of the teachings of Breitenbach et al. Claims 1 through 12 of the '803 patent make no mention of multi-layer dosage forms, much less mutli-layer dosage forms which include first and second layers characterized by the limitations recited in claim 1 and claim 15, the only independent claims pending in this case. Moreover, as has been explained in relation to the obviousness rejection under Section 103, the teachings of Breitenbach et al. do not teach or suggest a mutli-layer dosage form having first and second laminated layers, where the first layer includes an amount of swellable polymer that is sufficient to expand the first layer to a first length sufficient to facilitate gastric retention of the dosage form and the second layer is formulated to limit expansion of the second layer to a length less than the first length. When viewed in light of the teachings of Breitenbach et al., the subject matter recited in claims 1 through 12 of the '803 Patent simply does not teach or suggest all of the limitations recited in any of pending claims 1 through 25. Therefore, Applicants submit that

claims 1 through 25 pending in this case are patentably distinct from claims 1 through 12 of the '803 Patent, and Applicants respectfully request that the obviousness-type double patenting rejection of claims 1 through 25 be withdrawn.

CONCLUSION

Claims 1 through 25 are believed to be in condition for allowance, and an early notice thereof is respectfully solicited. Should the Examiner determine that additional issues remain which might be resolved by a telephone conference, he is respectfully invited to contact Applicants' undersigned attorney.

Respectfully Submitted,

Samuel E. Webb
Registration No.: 44,394
ALZA Corporation
Intellectual Property Department, M10-3
P.O. Box 7210
Mountain View, CA 94039
(960) 564-5106

Enclosures: Marked- Up Version of Amended Claims
Marked- Up Version of Amended Specification

SEW/eg

Date: August 27, 2001

MARKED-UP VERSION OF AMENDED CLAIMS

Please Amend the Claims as follows:

1. (Amended) An active agent dosage form [adapted for gastric retention comprising]:

[(a)] a first layer comprising [a] an amount of swellable[, water soluble] polymer sufficient to swell said first layer to a first length, said first length being sufficient to facilitate retention of said active agent dosage form within a stomach of a subject;

[(b)] a second layer [comprising a therapeutically-effective amount of active agent, the second layer being] laminated with the first layer at a common surface, said second layer comprising a therapeutic amount of an active agent and being formulated to limit expansion of said second layer to a length less than said first length; and

[(c)] at least one band of insoluble material circumscribing and binding together the first layer and the second layer[, the first layer being adapted to swell in the stomach to facilitate retention of the dosage form in the stomach over a prolonged period of time, wherein the release of the active agent from the second layer is independent of the composition of the first layer and occurs over a prolonged period of time].

2. (Amended) The active agent dosage form of claim 1, wherein the number average molecular weight of the swellable [water-soluble] polymer is between about 100,000 and 20,000,000 grams per mole.

3. (Amended) The active agent dosage form of claim 2, wherein the swellable [water soluble] polymer is polyethylene oxide, hydroxypropyl cellulose, hydroxypropyl methyl cellulose, hydroxyethyl cellulose, sodium carboxymethyl cellulose, calcium carboxymethyl cellulose, methyl cellulose, polyacrylic acid, maltodextrin, pre-gelatinized starch, guar gum, sodium alginate, or polyvinyl alcohol.

4. (Amended) The active agent dosage form of claim 1, wherein the second layer comprises a hydroattractant selected from low-substituted hydroxypropyl cellulose, microcrystalline cellulose, cross-linked sodium or calcium carboxymethyl cellulose, cellulose

fiber, cross-linked polyvinyl pyrrolidone, cross-linked polyacrylic acid, a cross-linked [Amberlite] ion exchange resin, alginates, colloidal magnesium-aluminum silicate, corn starch granules, rice starch granules, potato starch granules[and], sodium carboxymethyl starch, sugars, and sodium chloride, and the first layer optionally comprises a hydroattractant selected from low-substituted hydroxypropyl cellulose, microcrystalline cellulose, cross-linked sodium or calcium carboxymethyl cellulose, cellulose fiber, cross-linked polyvinyl pyrrolidone, cross-linked polyacrylic acid, cross-linked [Amberlite] ion exchange resin, alginates, colloidal magnesium-aluminum silicate, corn starch granules, rice starch granules, potato starch granules, sodium carboxymethyl starch, sugars and sodium chloride.

5. (Amended) The active agent dosage form of claim 1, wherein the first layer swells more rapidly and to a greater extent than does the second layer.

6. (Amended) The active agent dosage form of claim 5, wherein the active agent is an antiviral, antimicrobial, antidiabetic, [antihperglycemic] antihyperglycemic, hypoglycemic, antidepressant, antiobesity or antifungal active agent.

7. (Amended) The active agent dosage form of claim 4, wherein the weight percent of [the water soluble] swellable polymer in the second layer is 5 to 99.99 weight percent and weight percent of the hydroattractant in the second layer is 0 to 60 weight percent.

8. (Amended) The active agent dosage form of claim 1, wherein the first layer is formulated such that the active agent dosage form is retained within the stomach for a prolonged [time] period of time [is at least 3 hours].

9. (Amended) The active agent dosage form of claim [1] 8, wherein the [time] prolonged period of time is between about 6 to 12 hours.

10. (Amended) The active agent dosage form of claim 1, wherein the first layer comprises polyethylene oxide having a number average molecular weight of at least 100,000 grams per mole.

11. (Amended) The active agent dosage form of claim 10, wherein the active agent is an antiviral, antimicrobial, antidiabetic, [antihperglycemic] antihyperglycemic, hypoglycemic, antidepressant, antiobesity or antifungal active agent.

12. (Amended) The active agent dosage form of claim 11, wherein the active agent is acyclovir, ganciclovir, ritonavir, minocycline, cimetidine, ranitidine, captopril, methyldopa, selegiline, minocycline, fexofenadine, metformin, bupropion, orlistat or a pharmaceutically acceptable salt thereof.

13. (Amended) The active agent dosage form of claim 10, wherein the active agent is metformin or a pharmaceutically acceptable salt thereof.

14. (Amended) The active agent dosage [dosage] form of claim 1, wherein the second layer comprises an active agent selected from the group consisting of acyclovir, ganciclovir, ritonavir, metformin, bupropion, orlistat and minocycline, and the second layer comprises a bioerodible polymer, wherein the dosage form [releases] is formulated to release a therapeutically-effective amount of the active agent to the stomach of a subject over at least a 3 hour period.

15. (Amended) A method of treating a subject in need thereof with an active agent [that comprises], the method comprising:

administering to the subject a multilayered dosage form [adapted to be] which is retained in [the] a stomach of the subject over a prolonged period of time, the dosage form comprising a first layer [adapted to swell in the stomach of the subject and retain the dosage form in the stomach for a prolonged period of time] comprising an amount of swellable polymer sufficient to swell said first layer to a first length, said first length begin sufficient to facilitate retention of said active agent dosage form within the stomach of the subject, and a second layer [adapted to deliver to the subject an active agent at a variable rate of delivery] laminated with the first layer at a common surface, said second layer comprising a therapeutic amount of an active agent and being formulated to limit expansion of said second layer to a length less than said first length.

16. (Amended) The method of claim 15, which comprises administering one or more of the multilayered dosage forms to the subject in the fed state at the start of each dosing period.

17. (Amended) The method of claim 16, wherein the administration of one or more of the multilayered dosage [form] forms occurs within one hour of the subject consuming food.

18. (Amended) The active agent dosage form of claim 1, further comprising a gastric-emptying delaying agent.

19. (Amended) The active agent dosage form of claim 18, wherein the gastric-emptying delaying agent is selected from [anticholonergic] anticholinergic agents, methylcellulose, guar gum, fats and fatty acids of 10-15 carbon atoms.

20. (Amended) The active agent dosage form of claim 1, wherein the active agent comprises a liquid[,] active agent formulation.

21. (Amended) The active agent dosage form of claim 20, wherein the liquid[,] active agent formulation is sorbed into porous particles.

22. (Amended) The active agent dosage form of claim 21, wherein the porous particles are calcium hydrogen phosphate or magnesium aluminometasilicate.

23. (Amended) The active agent dosage form of claim 1, wherein the dosage form comprises a pH regulating agent.

24. (Amended) The active agent dosage form of claim 21, wherein the liquid[,] active agent formulation comprises a pH regulating agent selected from organic and inorganic acids and bases.

25. (Amended) The active agent dosage form of claim 21, wherein the liquid[,] active agent formulation comprises a chelating agent.

Please add the following new claims:

26. (New) The active agent dosage form of claim 8, wherein the prolonged period of time is at least 3 hours.

MARKED-UP VERSION OF AMENDED SPECIFICATION

Please replace the paragraph beginning on page 25, line 15 with the following rewritten paragraph:

-- To facilitate retention of the dosage forms of the invention, particularly if the dosage form is to be administered to a subject in the fasted state, it may be desirable to combine one or more gastric-emptying delaying agents with the active agent composition or coat the dosage form with a composition containing a gastric-emptying delaying agent, i.e., a substance that delays onset of the housekeeping wave of the IMMC. Examples of agents for delaying onset of the housekeeping wave, preferably locally delivered by the dosage form in amounts not resulting in any substantial systemic effect to the subject, as for example, [anticholenergic] anticholinergic agents such as propantheline, and other agents including, but not limited to, methylcellulose, guar gum, fats such as triglyceride esters, e.g., triethanol myristate, fatty acids of 10-15 carbon atoms, and the like. --

Please replace the paragraph beginning on page 43, line 14 with the following rewritten paragraph:

-- The active agent dosage form may include additional ingredients, such as, for example, a buffer or other agents for controlling pH in the stomach or elsewhere in the gastrointestinal tract, an agent or agents for delaying onset of the housekeeping wave, preferably locally delivered by the dosage form in amounts not resulting in any substantial systemic effect to the subject, as for example, [anticholenergic] anticholinergic agents such as propantheline, and other agents including, but not limited to, methylcellulose, guar gum, fats such as triglyceride esters, e.g., triethanol myristate, fatty acids of 10-15 carbon atoms, and the like, a viscosity regulating vehicle, a surfactant, a dye, a permeation enhancer, a proteinase inhibitor, or other formulation ingredients and additives, as are known in the art. The active agent dosage form may also include minor amounts of polymers which serve useful functions in tablet formation, for example, to improve the tablet cohesiveness after compression or to improve the physical or chemical stability of the dosage form. These polymers are added at quantities less than 10% by weight and preferably less that 5% by weight of the tablet. Examples of such polymers include hydroxypropyl methyl cellulose having molecular weights of less that

20,000 grams per mole, methycellulose having a molecular weight of less than 20,000 grams per mole, polyvinyl pyrrolidone having a molecular weight of less than 360,000 grams per mole, and the like. --

Please replace the paragraph beginning on page 57, line 9 with the following replacement paragraph:

-- The present invention is described and characterized by one or more of the following technical features and/or characteristics, either alone or in combination with one or more of the other features and characteristics: an active agent dosage form adapted for gastric retention comprising: (a) a first layer comprising a swellable, water-soluble polymer; (b) a second layer comprising a therapeutically-effective amount of an active agent, the second layer being laminated with the first layer at a common surface, and (c) at least one band of insoluble material circumscribing and binding together the first layer and the second layer, the first layer being adapted to swell in the stomach to facilitate retention of the dosage form in the stomach over a prolonged period of time, wherein the release of the active agent from the second layer is independent of the composition of the first layer and occurs over a prolonged period of time; a dosage form wherein the number average molecular weight of the water-soluble polymer is between about 100,000 and 20,000,000 grams per mole; a dosage form wherein the water soluble polymer is polyethylene oxide, hydroxypropyl cellulose, hydroxypropyl methyl cellulose, hydroxyethyl cellulose, sodium carboxy methylcellulose, calcium carboxymethyl cellulose, methyl cellulose, polyacrylic acid, maltodextrin, pre-gelatinized starch, guar gum, sodium alginate, or polyvinyl alcohol; a dosage form wherein the second layer comprises a hydroattractant selected from low-substituted hydroxypropyl cellulose, microcrystalline cellulose, cross-linked sodium or calcium carboxymethyl cellulose, cellulose fiber, cross-linked polyvinyl pyrrolidone, cross-linked polyacrylic acid, cross-linked Amberlite resin, alginates, colloidal magnesium-aluminum silicate, corn starch granules, rice starch granules, potato starch granules and sodium carboxymethyl starch, and the first layer optionally comprises a hydroattractant selected from low-substituted hydroxypropyl cellulose, microcrystalline cellulose, cross-linked sodium or calcium carboxymethyl cellulose, cellulose fiber, cross-linked polyvinyl pyrrolidone, cross-linked

polyacrylic acid, cross-linked Amberlite resin, alginates, colloidal magnesium-aluminum silicate, corn starch granules, rice starch granules, potato starch granules and sodium carboxymethyl starch; a dosage form wherein the first layer swells more rapidly and to a greater extent than does the second layer; a dosage form wherein the active agent is. an antiviral, antimicrobial, antidiabetic, [antihperglycemic] antihyperglycemic, hypoglycemic, antidepressant, antiobesity or antifungal active agent; a dosage form wherein the weight percent of the water soluble polymer in the second layer is 5 to 99.99 weight percent and weight percent of the hydroattractant in the second layer is 0 to 60 weight percent; a dosage form wherein the prolonged time period is at least 3 hours; a dosage form wherein the prolonged time period is between about 6 to 12 hours; a dosage form wherein the first layer comprises polyethylene oxide having a number average molecular weight of at least 100,000 grams per mole; a dosage form wherein the active agent is acyclovir, ganciclovir, ritonavir, minocycline, cimetidine, ranitidine, captopril, methyldopa, selegiline, minocycline, fexofenadine, metformin, bupropion, orlistat or a pharmaceutically acceptable salt thereof; a dosage form wherein the second layer comprises an active agent selected from the group consisting of acyclovir, ganciclovir, ritonavir, metformin, bupropion, orlistat and minocycline, and the second layer comprises a bioerodible polymer, a therapeutically effective amount of the active agent being delivered to the stomach of a subject over at least a 3 hour period; a method of treating a subject in need thereof with an active agent that comprises administering to the subject a multilayered dosage form adapted to be retained in the stomach over a prolonged period of time, the dosage form comprising a second layer adapted to swell in the stomach of the subject and retain the dosage form in the stomach for a prolonged period of time, and a first layer adapted to deliver to the subject an active agent at a variable rate of delivery; a method which comprises administering one or more dosage forms to the subject in the fed state at the start of each dosing period; a method wherein the administration of the dosage form occurs within one hour of the subject consuming food; a dosage form comprising a gastric-emptying delaying agent; a dosage form wherein the gastric-emptying delaying agent is selected from [anticolonergic] anticholinergic agents, methylcellulose, guar gum, fats and fatty acids of 10-15 carbon atoms; a dosage form wherein the active agent comprises a liquid, active agent formulation; a dosage form

wherein the liquid, active agent formulation is sorbed into porous particles; a dosage form wherein the porous particles are calcium hydrogen phosphate or magnesium aluminometasilicate; a dosage form comprising a pH regulating agent or a chelating agent; a dosage form wherein the liquid, active agent formulation comprises a pH regulating agent selected from organic and inorganic acids and bases, a dosage form wherein the liquid, active agent formulation comprises a chelating agent.